

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM XTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/27/75, 328

update

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		10				
12						
13						
14						
15						
16		2				
17		2				
18		8				
19		8				
20		10				
21		10				
22		8				
23		8				
24		8				
25		8				
26		8				
27		2				
28						
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47						
48						
49						
50						
TOTAL IND.	10		↓		↓	↓
TOTAL DEP.	90	↔	↔	↔	↔	↔
TOTAL CLAIMS	100	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]